

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input checked="" type="checkbox"/> Other Specify: PIHP	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

- b. *Sub-assurance: The State monitors service plan development in accordance with its policies and procedures.*

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:

POC3: Number and percent of participants who participated in the plan of care development, as documented by the participant's and parents/caregiver's signature on the plan of care

Data Source (Select one):

Record reviews, on-site

If 'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample Confidence Interval = +,-5%
<input checked="" type="checkbox"/> Other Specify: PIHP	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group:

	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:
	<input type="checkbox"/> Other Specify:	

Data Source (Select one):

Other

If 'Other' is selected, specify:

PIHP record review validation

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval =
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group:
	<input type="checkbox"/> Continuously and Ongoing	<input checked="" type="checkbox"/> Other Specify: Random sample of at least 30 records based on NCQA medical record review auditing standards
	<input type="checkbox"/> Other Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input checked="" type="checkbox"/> Other Specify: PIHP	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

- c. *Sub-assurance: Service plans are updated/revised at least annually or when warranted by changes in the waiver participant's needs.*

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:

POC4: Number and percent of participants whose plans of care were updated timely, as specified in the waiver application

Data Source (Select one):

Other

If 'Other' is selected, specify:

PIHP data system

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample

		Confidence Interval = <input type="text"/>
<input checked="" type="checkbox"/> Other Specify: PIHP	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input checked="" type="checkbox"/> Other Specify: PIHP	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

Performance Measure:

POC5: Number and percent of participants whose plans of care were updated when their needs changed

Data Source (Select one):

Record reviews, on-site

If 'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review

<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample Confidence Interval = +,-5%
<input checked="" type="checkbox"/> Other Specify: PIHP	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
	<input type="checkbox"/> Other Specify: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	

Data Source (Select one):

Other

If 'Other' is selected, specify:

PIHP record review validation

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<input type="checkbox"/> Other Specify: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
	<input type="checkbox"/> Continuously and Ongoing	<input checked="" type="checkbox"/> Other Specify: Random sample of at least 30

		records based on NCQA medical record review auditing standards
	<input type="checkbox"/> Other Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input checked="" type="checkbox"/> Other Specify: PIHP	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

- d. *Sub-assurance: Services are delivered in accordance with the service plan, including the type, scope, amount, duration and frequency specified in the service plan.*

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:

POC6: Number and percent of participants who received services in the type, amount, duration, and frequency specified in the plan of care.

Data Source (Select one):

Record reviews, on-site

If 'Other' is selected, specify:

Responsible Party for data	Sampling Approach (check each that applies):
----------------------------	--

collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample Confidence Interval = +,-5%
<input checked="" type="checkbox"/> Other Specify: PIHP	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Source (Select one):

Other

If 'Other' is selected, specify:

PIHP record review validation

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>

	<input type="checkbox"/> Continuously and Ongoing	<input checked="" type="checkbox"/> Other Specify: Random sample of at least 30 records based on NCQA medical record review auditing standards
	<input type="checkbox"/> Other Specify: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input checked="" type="checkbox"/> Other Specify: PIHP	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

- e. *Sub-assurance: Participants are afforded choice: Between waiver services and institutional care; and between/among waiver services and providers.*

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:

POC7: Number and percent of participants given a choice among service providers, as documented by the participant/authorized representative's signature on the State-approved form

Data Source (Select one):

Record reviews, on-site

If 'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample Confidence Interval = +,-5%
<input checked="" type="checkbox"/> Other Specify: PIHP	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <div><div></div><div></div></div>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <div><div></div><div></div></div>
	<input type="checkbox"/> Other Specify: <div><div></div><div></div></div>	

Data Source (Select one):

Other

If 'Other' is selected, specify:

PIHP record review validation

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <div><div></div><div></div></div>
<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified

Specify: <input type="text"/>		Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input checked="" type="checkbox"/> Other Specify: Random sample of at least 30 records based on NCQA medical record review auditing standards
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input checked="" type="checkbox"/> Other Specify: PIHP	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

Performance Measure:

POC8: Number and percent of participants who received information on available waiver services, as documented by the participant/authorized representative's signature on the State-approved form.

Data Source (Select one):**Record reviews, on-site**

If 'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review

<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample Confidence Interval = +,-5%
<input checked="" type="checkbox"/> Other Specify: PIHP	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <div></div>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <div></div>
	<input type="checkbox"/> Other Specify: <div></div>	

Data Source (Select one):

Other

If 'Other' is selected, specify:

PIHP record review validation

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <div></div>
<input type="checkbox"/> Other Specify: <div></div>	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <div></div>
	<input type="checkbox"/> Continuously and Ongoing	<input checked="" type="checkbox"/> Other Specify: Random sample of at least 30

Responsible Party(<i>check each that applies</i>):	Frequency of data aggregation and analysis (<i>check each that applies</i>):
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input checked="" type="checkbox"/> Other Specify: PIHP	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

c. Timelines

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Service Plans that are currently non-operational.

☒ No

☐ Yes

Please provide a detailed strategy for assuring Service Plans, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

Appendix E: Participant Direction of Services

Applicability (*from Application Section 3, Components of the Waiver Request*):

☐ Yes. This waiver provides participant direction opportunities. Complete the remainder of the Appendix.

☒ No. This waiver does not provide participant direction opportunities. Do not complete the remainder of the Appendix.

CMS urges states to afford all waiver participants the opportunity to direct their services. Participant direction of services includes the participant exercising decision-making authority over workers who provide services, a participant-managed budget or both. CMS will confer the Independence Plus designation when the waiver evidences a strong commitment to participant direction.

Indicate whether Independence Plus designation is requested (*select one*):

☐ Yes. The State requests that this waiver be considered for Independence Plus designation.

☐ No. Independence Plus designation is not requested.

Appendix E: Participant Direction of Services

E-1: Overview (1 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-1: Overview (2 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services**E-1: Overview (3 of 13)**

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services**E-1: Overview (4 of 13)**

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services**E-1: Overview (5 of 13)**

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services**E-1: Overview (6 of 13)**

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services**E-1: Overview (7 of 13)**

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services**E-1: Overview (8 of 13)**

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services**E-1: Overview (9 of 13)**

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services**E-1: Overview (10 of 13)**

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services**E-1: Overview (11 of 13)**

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services**E-1: Overview (12 of 13)**

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services**E-1: Overview (13 of 13)**

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services**E-2: Opportunities for Participant Direction (1 of 6)**

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services**E-2: Opportunities for Participant-Direction (2 of 6)**

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services**E-2: Opportunities for Participant-Direction (3 of 6)**

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services**E-2: Opportunities for Participant-Direction (4 of 6)**

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services**E-2: Opportunities for Participant-Direction (5 of 6)**

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services**E-2: Opportunities for Participant-Direction (6 of 6)**

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix F: Participant Rights**Appendix F-1: Opportunity to Request a Fair Hearing**

The State provides an opportunity to request a Fair Hearing under 42 CFR Part 431, Subpart E to individuals: (a) who are not given the choice of home and community-based services as an alternative to the institutional care specified in Item 1-F of the request; (b) are denied the service(s) of their choice or the provider(s) of their choice; or, (c) whose services are denied, suspended, reduced or terminated. The State provides notice of action as required in 42 CFR §431.210.

Procedures for Offering Opportunity to Request a Fair Hearing. Describe how the individual (or his/her legal representative) is informed of the opportunity to request a fair hearing under 42 CFR Part 431, Subpart E. Specify the notice (s) that are used to offer individuals the opportunity to request a Fair Hearing. State laws, regulations, policies and notices referenced in the description are available to CMS upon request through the operating or Medicaid agency.

All waiver applicants/participants are notified of their right to request a fair hearing by the PIHP in accordance with 42 CFR 431 Subpart E and 42 CFR 438 Subpart F. Applicants/participants are required to access the PIHP's internal appeal process before requesting a hearing with the State.

Upon enrollment, the PIHP sends each enrollee a brochure explaining Medicaid appeal rights. For children/youth and their families with limited literacy, the Wraparound Facilitator verbally explains their appeal rights during the initial home visit. In addition, per 42 CFR 438.406(a)(1), the PIHP will be required to give enrollees any reasonable assistance in completing forms and taking other procedural steps. This includes but is not limited to, providing interpreter services and toll-free numbers that have adequate TTY/TTD and interpreter capability. All individuals enrolled in the CSoC will be able to access a family cultural support specialist who can assist the family in addition to the requirements of the PIHP, wraparound facilitator and advocacy organizations. When applicants/children/youths are denied participation in the waiver or specific waiver services are denied, terminated, suspended or reduced, the PIHP sends a written notice to the individual explaining the reason for the adverse action, instructions on how to access a fair hearing, the time frame for making the request, information on continuation of services during the appeal process (if applicable) and contact information for questions and concerns. The notice also contains information on the state level hearing processes and toll free numbers for the Medicaid agency and for requesting free legal assistance. Notices of termination, suspension or reduction are mailed to the child/youth a minimum of 10 days before the service is actually reduced, terminated or suspended.

As stated above, applicants/child/youths must avail themselves of the appeal process offered by the PIHP before accessing the state fair hearing process. If the applicant/child/youth requests a hearing, the PIHP gathers information on the case and schedules the appeal with an independent reviewer who had no prior involvement in making the adverse decision. The PIHP sends a written notice of the reconsideration decision to the individual, along with detailed instructions on requesting a State Fair hearing with the State. Applicants/child/youths may then request an informal appeal with the Louisiana DHH check process and/or a formal appeal with the Louisiana Division of Administrative Law (DAL) (from <http://www.adminlaw.state.la.us/>)

When the suspension, reduction or termination of service is appealed, child/youths may continue to receive services up through the final decision by the State Fair Hearing as long as they meet the appeal deadlines, the original period covered by the authorization has not expired and the child/youth requests continuation of the service.

BHSF eligibility staff utilize the Adequate Notice of Home and Community Based Services (Waiver) Decision Form 18-W to notify individuals by mail if they have not been approved for Medicaid financing of Home and Community Based Waiver services due to financial ineligibility. A separate page is attached to this form entitled "Your Fair Hearing Rights". This page contains information on how to request a fair hearing, how to obtain free legal assistance, and a section to complete if the individual is requesting a fair hearing. If the child/youth does not return this form, it does not prohibit his right to appeal and receive a fair hearing.

All Administrative Hearings are conducted in accordance with the Louisiana Administrative Procedure Act, La. R.S. 49:950 et seq. Any party may appear and be heard at any appeals proceeding through an attorney at law or through a designated representative.

Copies of all notices and documentation of appeal decisions are maintained by the PIHP. The Administrative Law Judge in the Division of Administrative Law maintains records on the State Fair Hearings and records on the formal hearing.

Appendix F: Participant-Rights

Appendix F-2: Additional Dispute Resolution Process

- a. **Availability of Additional Dispute Resolution Process.** Indicate whether the State operates another dispute resolution process that offers participants the opportunity to appeal decisions that adversely affect their services while preserving their right to a Fair Hearing. *Select one:*
 - ☐ No. This Appendix does not apply
 - ☒ Yes. The State operates an additional dispute resolution process
- b. **Description of Additional Dispute Resolution Process.** Describe the additional dispute resolution process, including: (a) the State agency that operates the process; (b) the nature of the process (i.e., procedures and timeframes), including the types of disputes addressed through the process; and, (c) how the right to a Medicaid Fair Hearing is preserved when a participant elects to make use of the process: State laws, regulations, and policies referenced in the description are available to CMS upon request through the operating or Medicaid agency.

The PIHP has an internal dispute resolution system as required by 42 CFR 438 Subpart F. The internal system encompasses both an appeal process, as described in Appendix F-1, for addressing an "action" and a grievance process for addressing grievances (complaints). "Actions" include the denial or limited authorization of a requested service, reduction, suspension or termination of a previously authorized service, denial of payment for a service, failure to provide services in a timely manner as specified in the risk contract and failure to take action within the timeframes specified in the contract for resolving grievances and appeals.

Appendix F: Participant-Rights

Appendix F-3: State Grievance/Complaint System

a. Operation of Grievance/Complaint System. *Select one:*

- ☐ No. This Appendix does not apply
- ☒ Yes. The State operates a grievance/complaint system that affords participants the opportunity to register grievances or complaints concerning the provision of services under this waiver

b. Operational Responsibility. Specify the State agency that is responsible for the operation of the grievance/complaint system:

The PIHP is responsible for receiving, reporting, and responding to grievances received for all enrolled child/youths. The OBH and Bureau of Health Services Financing (BHSF) oversee this process through the IMT meeting process.

c. Description of System. Describe the grievance/complaint system, including: (a) the types of grievances/complaints that participants may register; (b) the process and timelines for addressing grievances/complaints; and, (c) the mechanisms that are used to resolve grievances/complaints. State laws, regulations, and policies referenced in the description are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

The PIHP is required to report all grievances under 42 CFR 438 Subpart F made to DHH at least quarterly. The report must include a summary of the grievance, the action taken by the PIHP to address the grievance, the final disposition resolution, and dates of all actions. This report is reviewed during the IMT meeting in order to develop strategies for system improvement as needed.

The PIHP is required to accept and dispose of all grievances consistent with the policies and procedures and timelines in 42 CFR 438 Subpart F. The PIHP must dispose of each grievance and provide notice, as expeditiously as the enrollee's health condition requires, within State-established timeframes not to exceed 90 days from the day the PIHP receives the grievance.

Appendix G: Participant Safeguards

Appendix G-1: Response to Critical Events or Incidents

a. Critical Event or Incident Reporting and Management Process. Indicate whether the State operates Critical Event or Incident Reporting and Management Process that enables the State to collect information on sentinel events occurring in the waiver program. *Select one:*

- ☒ Yes. The State operates a Critical Event or Incident Reporting and Management Process (complete Items b through e)
- ☐ No. This Appendix does not apply (do not complete Items b through e)
- If the State does not operate a Critical Event or Incident Reporting and Management Process, describe the process that the State uses to elicit information on the health and welfare of individuals served through the program.

b. State Critical Event or Incident Reporting Requirements. Specify the types of critical events or incidents (including alleged abuse, neglect and exploitation) that the State requires to be reported for review and follow-up action by an appropriate authority, the individuals and/or entities that are required to report such events and incidents

and the timelines for reporting. State laws, regulations, and policies that are referenced are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

The PIHP is responsible for reporting critical events and incidents involving waiver participants to the OBH, which is consistent with state law (e.g., the Louisiana Children's Code, Title 6, Article 612). The Louisiana Children's Code, Title 6, Article 612, mandates the responsibility for investigating reports of child abuse and/or neglect to the Department of Children and Family Services (DCFS), specifically the Child Protection Investigation (CPI) Program. DCFS has jurisdiction in any setting when the alleged victim is <18 years of age and the alleged perpetrator is considered a caregiver (family or paid). Such incidents shall be reported to the local DCFS office. They investigate, protect, and monitor. This jurisdiction is in addition to that of any appropriate licensing regulatory agency.

For youth 18-21, the Louisiana Revised Statutes 14:403.2 outlines definitions and reporting responsibilities. The Bureau of Adult Protective Services is designated by the Louisiana Department of Health and Hospitals as the agency responsible for carrying out the mandate of Louisiana Revised Statute 14:403.2 with regard to adults with disabilities and emancipated minors who live in unlicensed and non-regulated settings and for managing the Adult Protective Services programs in DHH administered facilities. Adult Protective Services (APS) serves adults ages 18-59 and emancipated minors who have a mental or physical disability that substantially limits their ability to provide for their own care or protection and who live in the community either independently in their own home or with the help of others or in any other place that is not licensed by a governmental regulatory agency. APS is responsible for investigating and arranging for services to protect adults with disabilities who are at risk of abuse, neglect, exploitation, or extortion.

Types of Critical Events:

- Abuse (child/youth): Any one of the following acts which seriously endanger the physical, mental, or emotional health and safety of the child:
 - The infliction, attempted infliction, or, as a result of inadequate supervision
 - The allowance of the infliction or attempted infliction of physical or mental injury upon the child by a parent or any other person.
 - The exploitation or overwork of a child by a parent or any other person.
 - The involvement of the child in any sexual act with a parent or any other person, or
 - The aiding or toleration by the parent or the caretaker of the child's sexual involvement with any other person or of the child's involvement in pornographic displays, or any other involvement of a child in sexual activity constituting a crime under the laws of this state. (Children's Code Article 603)
- Abuse (adult): The infliction of physical or mental injury on an adult by other parties, including, but not limited to, such means as sexual abuse, exploitation, or extortion of funds, or other things of value, to such an extent that his health, self-determination, or emotional well-being is endangered. (Louisiana Revised Statutes 14:403.2).
- Exploitation (adult): The illegal or improper use or management of an aged person's or disabled adult's funds, assets or property, or the use of the person's or disabled adult's power of attorney or guardianship for one's own profit or advantage. (Louisiana Revised Statutes 14:403.2).
- Extortion (adult): The acquisition of a thing of value from an unwilling or reluctant adult by physical force, intimidation, or abuse of legal or official authority. (Louisiana Revised Statutes 14:403.2).
- Neglect (child/youth): The refusal or unreasonable failure of a parent or caretaker to supply the child with necessary food, clothing, shelter, care, treatment, or counseling for any injury, illness, or condition of the child, as a result of which the child's physical, mental, or emotional health and safety is substantially threatened or impaired. This includes prenatal illegal drug exposure caused by a parent, resulting in the newborn being affected by the drug exposure or withdrawal symptoms. (Children's Code Article 603)
- Neglect (adult): The failure, by a care giver responsible for an adult's care or by other parties to provide the proper or necessary support or medical, surgical, or any other care necessary for his well-being. No adult who is being provided treatment in accordance with a recognized religious method of healing in lieu of medical treatment shall for that reason alone be considered to be neglected or abused. (Louisiana Revised Statutes. 14:403.2).

Mandatory reporters: Professionals who may work with children in the course of their professional duties and consequently are required to report all suspected cases of child abuse and neglect. Of the groups of mandated reporters defined in Children's Code Article 603, one group, "Mental Health/Social Service Practitioner," includes all DCFS Child Protection Investigation Workers, Family Services Workers, and other agency social work staff in DCFS. (Children's Code Article 603). Mandatory reporters include any of the following individuals performing their

occupational duties:

- (a) "Health practitioner"
- (b) "Mental health/social service practitioner".
- (c) "Member of the clergy".
- (d) "Teaching or child care provider".
- (e) Police officers or law enforcement officials.
- (f) "Commercial film and photographic print processor".
- (g) Mediators appointed pursuant to Chapter 6 of Title IV.
- (h) A parenting coordinator appointed pursuant to R.S. 9:358.1 et seq.
- (i) A court-appointed special advocates (CASA) volunteer under the supervision of a CASA program appointed pursuant to Chapter 4 of Title IV.

Permitted Reporters (Children's Code Article 609) – A person who has cause to believe that a child's physical or mental health or welfare is endangered as a result of abuse or neglect, and consequently may report the suspected case of abuse or neglect in accordance with Article 610.

Mandatory Reporting (child/youth)

In accordance with Louisiana Revised Statutes 40:2009.13 B reporting criteria, "any person who has knowledge that a state law, minimum standard, rule, regulation, plan of correction promulgated by the department, or any federal certification rule pertaining to a health care provider has been violated, or who otherwise has knowledge that a youth has not been receiving care and treatment to which he is entitled under state or federal laws, may submit a report regarding such matter to the department."

"Any person having cause to believe that an adult's physical or mental health or welfare has been or may be further adversely affected by abuse, neglect, exploitation or extortion shall report to the adult protection agency or to law enforcement." (R.S. 14.403.2 C and D)

Louisiana law mandates reporting of abuse and provides that persons who report in good faith have immunity from liability (unless they are themselves involved in the abuse). (Children's Code Article 611)

Any employee of DHH or an affiliate who has knowledge of possible abuse of a client, or who receives a complaint of abuse from a client or any other person, shall report in accordance with the provisions of this policy, applicable law, and the facility or program office's internal policy and procedures. If the person making the complaint is not an employee, e.g. a client, family member, visitor, etc., DHH staff shall assist the person in making a report, if necessary.

The timelines for reporting are: The provider must report all critical incidents immediately to the PIHP and the appropriate protective services agency. The provider must immediately forward a copy of the completed critical incident report to the PIHP within 24 hours of the incident occurrence or discovery. The PIHP enters the critical incident information into the tracking system and forwards to OBH within 24 hours of the incident.

- c. Participant Training and Education.** Describe how training and/or information is provided to participants (and/or families or legal representatives, as appropriate) concerning protections from abuse, neglect, and exploitation, including how participants (and/or families or legal representatives, as appropriate) can notify appropriate authorities or entities when the participant may have experienced abuse, neglect or exploitation.

Upon enrollment, the PIHP provides the child/youth and family with a member handbook that outlines their rights, protections and the advocacy agencies who can educate and assist in the event of a concern. The wraparound facilitator discusses the rights and protections with the child/youth/legally responsible person as a component of the admissions process to the waiver. Opportunities for information training occur during routine monitoring.

Providers within the PIHP network are required to inform the child/youth of rights and protections through individual agency procedure. The PIHP will ensure that individual providers enrolled through the waiver are oriented on participant's rights and responsibilities, and grievance and appeal procedures that contain information on abuse and neglect.

The PIHP operates toll-free care line where the participant or his/her family can receive additional information or assistance, if needed. This line has the capacity to assist participants/families that are primarily Spanish speaking and/or hearing impaired. Child Protection Services are available day and night by calling the Child Protection hotline or the local parish Child Welfare office at the appropriate Child Protection phone number provided on the DCFS

Website.

The Abuse and Neglect policy shall be thoroughly and annually explained to all employees and subcontractors of the PIHP as follows:

1. All new employees and subcontractors of the PIHP and affiliates who have direct contact with clients and/or who work in direct care facilities/programs shall be trained on all aspects of the policy. An acknowledgment of receiving these instructions shall be certified by the employee/subcontractor and maintained on file at the facility.
2. As soon as possible, but within 60 days after the signature of the contract/subcontract, the PIHP shall ensure that facility or provider meets the criteria established in this policy, and that staff who have contact with clients and/or who work in direct care facilities have received instruction on the content of the policy. Acknowledgment of the full training shall be certified and maintained on file with the facility/provider.
3. The PIHP shall have a continuing responsibility to ensure that appropriate staff/providers are currently informed of rules governing client abuse and neglect, and shall insure that each staff member receives training in the content of this policy not less than once each calendar year and more frequently if needed. Such training shall be documented and maintained on file at the facility.

A record shall be maintained by the PIHP for each employee/provider receiving orientation, annual training, or any other training required by this policy. This record shall, at a minimum, include the date that the training was provided, the name and classification of the individual conducting the training, the course title, and the number of hours of instruction received.

- d. Responsibility for Review of and Response to Critical Events or Incidents.** Specify the entity (or entities) that receives reports of critical events or incidents specified in item G-1-a, the methods that are employed to evaluate such reports, and the processes and time-frames for responding to critical events or incidents, including conducting investigations.

The PIHP is responsible for reviewing and reporting all critical events and incidents per the policy and procedure approved by the OBH.

When the OBH employee receives a report of a critical event or incident, the employee must follow Adult Protective Services regulations (LA RS 14:403.2) for youth over age 18, Children's code (Article 603) and Licensing standards (LA R.S. 40:2009.20). Any employee of DHH or an affiliate who has knowledge of possible abuse shall do the following, as per OBH Policy 0022005:

- Immediately, if at all possible, but in no case later than one hour after knowledge or suspicion, make a verbal report to the facility/program manager. The facility/program manager may designate others to receive reports in the facility/program's internal policy and procedures. A follow-up written incident report shall be submitted to the facility/program manager or designee as soon as possible, but no later than two hours after the verbal report. If an allegation is against a facility/program manager, the report shall be made to the appropriate program office Assistant Secretary or designee or in the case of the Office of the Secretary to the DHH Deputy Secretary, who will be responsible for carrying out the responsibilities of the facility/program manager outlined in this policy.
- Immediately take appropriate measures to protect the safety and well-being of the client(s) involved. This may include such actions as removing the client(s) from danger, seeking medical attention, or notifying external agencies as outlined below.
- Preserve and protect any evidence related to the allegation in accordance with internal policy and procedure and/or instructions from the facility/program manager or designee and/or from an investigator.
- Policy 0022005 requires that the investigation is conducted and within 12 days the Regional Manager makes a determination.
- Policy 0022005 also required that the complainant is advised of his/her right to appeal the findings/determination to the BPS within 15 calendar dates from the date of notification.

All incidents of possible abuse involving DHH clients as alleged victims and/or DHH affiliate staff as the accused shall be reported immediately to the OBH as set forth in policy # 0102009 and APS procedures. APS may develop specific reporting procedures for individual facilities/programs within DHH.

In addition, State and Federal laws and regulations mandate reporting to the following agencies, based upon the age of the alleged victim, setting, and identity of the alleged abuser. These laws place the burden to report on the individual having knowledge or suspicion of the abuse. It is the responsibility of the facility/program manager to ensure that the appropriate external agencies listed below are notified in a timely manner.

1. The local Child Welfare Office for all allegations involving persons under 18 years of age, regardless of setting, where the accused is a formal or informal caregiver. Allegations of child abuse where the abuser is not a caregiver should be reported to local law enforcement. Reports should be made immediately or as soon as possible after knowledge. Dual reporting to both the local Child Welfare office of DCFS and the local or state law enforcement agency is permitted (Children's Code (Article 610)).
2. The Health Standards Section of the DHH Bureau of Health Services Financing and Adult Protective Services for allegations involving persons who are receiving care in a facility licensed by that Section. This would include: persons residing in a licensed ICF-MR, a licensed nursing home, a licensed hospital, and other licensed health facility as defined in LA RS 40.2009.13. Reports should be made immediately or as soon as possible, but in no case later than 24 hours after knowledge.
3. Adult Protective Services (APS) for all allegations involving persons age 18-59, or emancipated minors, who are mentally, physically, or developmentally disabled when the person resides in a non-licensed setting or when a person residing in a licensed setting is allegedly abused by an accused who is not a staff member of the licensed facility. Reports should be made immediately or as soon as possible after knowledge.
4. The Department of Children and Family Services, Bureau of Licensing for all allegations where the accused is a staff person of a provider licensed by that agency. Reports should be made immediately or as soon as possible after knowledge.

For investigations, all employees of the Department of Health and Hospitals (DHH) and affiliates including the PIHP and its providers are required to cooperate in any investigation of abuse. The agencies identified above as receiving external reports also have statutory or regulatory responsibility for investigating those reports and taking protective and/or regulatory action. Those agencies which are part of DHH shall carry out these functions as authorized by statute or regulation and according to their internal policies and procedures. In addition to the investigations already mentioned, allegations of abuse involving DHH clients where the accused is an employee of DHH or an affiliate will be investigated by the Bureau of Adult Protective Services. DHH offices which operate 24-hour facilities and programs associated with 24-hour facilities shall conduct investigative reviews and initiate appropriate corrective action for all reported allegations of abuse. Abuse and neglect reporting requirements for respite and crisis stabilization providers licensed under DHH are listed in RS 14:403.2 C & D and RS 40, 2009.13B. Should any allegations arise involving DHH clients which do not clearly fall under the jurisdiction of any agency identified above, the allegation may be investigated by the Bureau of Adult Protective Service.

- e. Responsibility for Oversight of Critical Incidents and Events.** Identify the State agency (or agencies) responsible for overseeing the reporting of and response to critical incidents or events that affect waiver participants, how this oversight is conducted, and how frequently.

The PIHP is required to report all critical incidents and events to the OBH. A multi-agency Memorandum of Understanding delineates the responsibility for oversight of the reporting and response to critical incidents or events that affect waiver child/youth. DCFS has the responsibility for investigating those critical incidents referred to them involving abuse, neglect, misappropriation, extortion and exploitation.

The OBH will be responsible for completing the following actions:

- Each day, the OBH will review all new incoming critical incident reports, determine the report priority level (i.e., urgent or non-urgent), and assign the report to staff.
- Immediately, or within 2 hours, notify verbally and in writing (via e-mail) the OBH when critical incidents involve the death or arrest of a child/youth; or when critical incidents of the abuse/neglect of a child/youth results in the involvement of Law Enforcement.

NOTE: The notification information should include, but is not limited to the following:

- Child/youth's full name,
- Cause of death, if known, including pre-and post-death diagnoses, and
- Previous reports concerning the child/youth's care, safety, and well-being; if arrested, the reason for the child/youth's arrest; and the specifics of the incident (i.e., report specifics of who, what, when, where, how).
- Alert staff members of urgent cases (within one business day of receipt of the critical incident) and assure that regional staff takes appropriate action in response to the critical incident.
- Review and approve extension requests made by staff; NOTE: extensions shall not be granted for more than fifteen days at a time.
- Assure that all mandatory fields are entered into the on-line critical event reporting system.

- Track critical incidents, by report, to identify remediation needs and quality improvement goals, and to determine the effectiveness of the strategies employed to assure resolution to the critical incident report; and
- Close cases after all needed follow-up has occurred and all necessary data has been entered into on-line critical event reporting system.

The OBH will be responsible for completing the following actions:

- Continue to follow-up with the PIHP, provide technical assistance as necessary, and request additional information in writing until closure of the critical incident;
- Make timely referrals to other agencies as necessary;
- Assure that the PIHP enters all necessary information into the OBH-approved on-line reporting data system.
- Assure that activities occur within required timelines, including closure of the incident within thirty (30) days, unless an extension has been granted;
- Submit requests for extension to the OBH for review and approval; and
- Assure that the Child/youth Summary is completed for all cases.

The OBH State Office will be responsible for completing the following actions:

Upon receipt of e-mail or verbal notification involving the death of a child/youth, the arrest of a child/youth, or of the abuse or neglect of a child/youth involving law enforcement, immediately, but not more than two (2) hours, notify in writing, sending via e-mail to all the following:

- OBH Assistant Secretary;
- OBH Deputy Assistant Secretary;
- OBH Medical Director
- DHH Bureau of Media & Communications;
- OBH Quality Management Staff; and
- DHH Deputy Chief of Staff.
- Medicaid Director

- Provide technical assistance to the PIHP, OBH and Medicaid units as needed;
- Identify statewide needs for training regarding the following:
 - Responding to critical incidents,
 - Adhering to the critical incident reporting and tracking policy # 0102009,
 - Entering critical incident data into the OBH-approved data system,
 - Tracking critical incidents and using data for remediation and/or quality enhancement; and/or
 - Other related topics.
- A sample of critical incidents to review for adherence to policy, including a review to determine if all necessary actions were taken to address/resolve critical incidents is selected; This process is the responsibility of the OBH. The review will include a sample large enough to meet confidence level at 95% plus or minus 5%, with a minimum frequency of annually.
- Identify necessary remediation to be taken by the Provider, the PIHP, and the OBH staff;
- Aggregate critical incident data and analyze the data to identify trends and patterns;
- Review reports of the trends and patterns to identify potential quality enhancement goals; and
- Utilize critical incident data to determine the effectiveness of the OBH quality enhancement strategies.

Quality Management Responsibilities:

The OBH will utilize the information and data collected on critical incidents for quality management purposes, including but not limited to the following:

Development and review of reports to assure that follow-up and case closure of critical incidents occur according to this policy on an on-going basis for individual cases and quality review of aggregate data;

- Quarterly analysis of data to identify trends and patterns for effective program management that ensures the safety and well-being of people receiving the OBH supports and services and ensures that people receive quality of supports and services from the OBH;
- Annual analysis of data to determine the effectiveness of quality enhancement goals and activities; and
- Identification of child/youths who experience frequent critical incidents and will need strategies to mitigate risk included in their Plan of Care on an on-going basis.

Appendix G: Participant Safeguards

Appendix G-2: Safeguards Concerning Restraints and Restrictive Interventions (1 of 3)

- a. **Use of Restraints.** *(Select one): (For waiver actions submitted before March 2014, responses in Appendix G-2-a will display information for both restraints and seclusion. For most waiver actions submitted after March 2014, responses regarding seclusion appear in Appendix G-2-c.)*

☒ **The State does not permit or prohibits the use of restraints**

Specify the State agency (or agencies) responsible for detecting the unauthorized use of restraints and how this oversight is conducted and its frequency:

The PIHPs are responsible for informing participants of their right to be free from restraints and seclusion via a State-approved form, which is reinforced by the Wraparound Agency.

Wraparound Agencies monitor participants through monthly telephone contact and quarterly face-to-face contact to ensure that these rights are maintained. Oversight of providers is conducted by the PIHPs.

At least quarterly, OBH analyzes, tracks, and trends critical incident data for the use of restraints or seclusion to determine if improvement strategies are indicated.

☐ **The use of restraints is permitted during the course of the delivery of waiver services.** Complete Items G-2-a-i and G-2-a-ii.

- i. **Safeguards Concerning the Use of Restraints.** Specify the safeguards that the State has established concerning the use of each type of restraint (i.e., personal restraints, drugs used as restraints, mechanical restraints). State laws, regulations, and policies that are referenced are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

- ii. **State Oversight Responsibility.** Specify the State agency (or agencies) responsible for overseeing the use of restraints and ensuring that State safeguards concerning their use are followed and how such oversight is conducted and its frequency:

Appendix G: Participant Safeguards

Appendix G-2: Safeguards Concerning Restraints and Restrictive Interventions (2 of 3)

- b. **Use of Restrictive Interventions.** *(Select one):*

☒ **The State does not permit or prohibits the use of restrictive interventions**

Specify the State agency (or agencies) responsible for detecting the unauthorized use of restrictive interventions and how this oversight is conducted and its frequency:

The PIHPs are responsible for informing participants of their right to be free from restraints and seclusion via a State-approved form, which is reinforced by the Wraparound Agency.

Wraparound Agencies monitor participants through monthly telephone contact and quarterly face-to-face contact to ensure that these rights are maintained. Oversight of providers is conducted by the PIHPs.

At least quarterly, OBH analyzes, tracks, and trends critical incident data for the use of restraints or seclusion to determine if improvement strategies are indicated.

- ☐ **The use of restrictive interventions is permitted during the course of the delivery of waiver services**
Complete Items G-2-b-i and G-2-b-ii.

- i. **Safeguards Concerning the Use of Restrictive Interventions.** Specify the safeguards that the State has in effect concerning the use of interventions that restrict participant movement, participant access to other individuals, locations or activities, restrict participant rights or employ aversive methods (not including restraints or seclusion) to modify behavior. State laws, regulations, and policies referenced in the specification are available to CMS upon request through the Medicaid agency or the operating agency.

- ii. **State Oversight Responsibility.** Specify the State agency (or agencies) responsible for monitoring and overseeing the use of restrictive interventions and how this oversight is conducted and its frequency:

Appendix G: Participant Safeguards

Appendix G-2: Safeguards Concerning Restraints and Restrictive Interventions (3 of 3)

- c. **Use of Seclusion.** *(Select one): (This section will be blank for waivers submitted before Appendix G-2-c was added to WMS in March 2014, and responses for seclusion will display in Appendix G-2-a combined with information on restraints.)*

- ☒ **The State does not permit or prohibits the use of seclusion**

Specify the State agency (or agencies) responsible for detecting the unauthorized use of seclusion and how this oversight is conducted and its frequency:

PIHPs are responsible for informing participants of their right to be free from restraints and seclusion through the Rights and Responsibilities form.

Wraparound Facilitators monitor participants through monthly telephone contact and quarterly face-to-face contact to ensure these rights are maintained. If the Wraparound Facilitator is informed about or discovers restraint or seclusion use, the Wraparound Facilitator will notify the appropriate Protective Services Agency and the PIHP, as appropriate. Oversight of providers is conducted by Health Standards and the PIHP.

- ☐ **The use of seclusion is permitted during the course of the delivery of waiver services.** Complete Items G-2-c-i and G-2-c-ii.

- i. **Safeguards Concerning the Use of Seclusion.** Specify the safeguards that the State has established concerning the use of each type of seclusion. State laws, regulations, and policies that are referenced are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

- ii. **State Oversight Responsibility.** Specify the State agency (or agencies) responsible for overseeing the use of seclusion and ensuring that State safeguards concerning their use are followed and how such oversight is conducted and its frequency:

Appendix G: Participant Safeguards

Appendix G-3: Medication Management and Administration (1 of 2)

This Appendix must be completed when waiver services are furnished to participants who are served in licensed or unlicensed living arrangements where a provider has round-the-clock responsibility for the health and welfare of residents. The Appendix does not need to be completed when waiver participants are served exclusively in their own personal residences or in the home of a family member.

a. Applicability. Select one:

- ☒ **No. This Appendix is not applicable** (do not complete the remaining items)
- ☐ **Yes. This Appendix applies** (complete the remaining items)

b. Medication Management and Follow-Up

- i. Responsibility.** Specify the entity (or entities) that have ongoing responsibility for monitoring participant medication regimens, the methods for conducting monitoring, and the frequency of monitoring.

- ii. Methods of State Oversight and Follow-Up.** Describe: (a) the method(s) that the State uses to ensure that participant medications are managed appropriately, including: (a) the identification of potentially harmful practices (e.g., the concurrent use of contraindicated medications); (b) the method(s) for following up on potentially harmful practices; and, (c) the State agency (or agencies) that is responsible for follow-up and oversight.

Appendix G: Participant Safeguards

Appendix G-3: Medication Management and Administration (2 of 2)

c. Medication Administration by Waiver Providers

Answers provided in G-3-a indicate you do not need to complete this section

- i. Provider Administration of Medications.** Select one:

- ☐ **Not applicable.** (do not complete the remaining items)
- ☐ **Waiver providers are responsible for the administration of medications to waiver participants who cannot self-administer and/or have responsibility to oversee participant self-administration of medications.** (complete the remaining items)

- ii. State Policy.** Summarize the State policies that apply to the administration of medications by waiver providers or waiver provider responsibilities when participants self-administer medications, including (if applicable) policies concerning medication administration by non-medical waiver provider personnel. State laws, regulations, and policies referenced in the specification are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

- iii. Medication Error Reporting.** Select one of the following:

- ☐ **Providers that are responsible for medication administration are required to both record and report medication errors to a State agency (or agencies).**
Complete the following three items:

(a) Specify State agency (or agencies) to which errors are reported:

(b) Specify the types of medication errors that providers are required to *record*:

(c) Specify the types of medication errors that providers must *report* to the State:

- ☐ **Providers responsible for medication administration are required to record medication errors but make information about medication errors available only when requested by the State.**

Specify the types of medication errors that providers are required to record:

- iv. **State Oversight Responsibility.** Specify the State agency (or agencies) responsible for monitoring the performance of waiver providers in the administration of medications to waiver participants and how monitoring is performed and its frequency.

Appendix G: Participant Safeguards

Quality Improvement: Health and Welfare

As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.

a. Methods for Discovery: Health and Welfare

The state demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare. (For waiver actions submitted before June 1, 2014, this assurance read "The State, on an ongoing basis, identifies, addresses, and seeks to prevent the occurrence of abuse, neglect and exploitation.")

i. Sub-Assurances:

- a. *Sub-assurance: The state demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death. (Performance measures in this sub-assurance include all Appendix G performance measures for waiver actions submitted before June 1, 2014.)*

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:

HW1: Number and percent of incidents involving abuse, neglect, exploitation, and death that were referred to the appropriate protective service agency for investigation within 24 hours of notification

Data Source (Select one):

Critical events and incident reports

If 'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input checked="" type="checkbox"/> Other Specify: PIHP	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Source (Select one):

Record reviews, off-site

If 'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample

		Confidence Interval = <div></div>
<input type="checkbox"/> Other Specify: <div></div>	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <div></div>
	<input type="checkbox"/> Continuously and Ongoing	<input checked="" type="checkbox"/> Other Specify: Random sample of at least 30 records based on NCQA medical record review auditing standards
	<input type="checkbox"/> Other Specify: <div></div>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input checked="" type="checkbox"/> Other Specify: PIHP	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <div></div>

- b. *Sub-assurance: The state demonstrates that an incident management system is in place that effectively resolves those incidents and prevents further similar incidents to the extent possible.*

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:

HW2: Number and percent of critical incidents involving licensed/certified providers that were investigated by the PIHP within the established timeframe

Data Source (Select one):

Critical events and incident reports

If 'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input checked="" type="checkbox"/> Other Specify: PIHP	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Source (Select one):

Other

If 'Other' is selected, specify:

PIHP record review validation

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review

<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input checked="" type="checkbox"/> Other Specify: Random sample of at least 30 records based on NCQA medical record review auditing standards
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input checked="" type="checkbox"/> Other Specify: PIHP	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

Performance Measure:

HW3: Number and percent of participants who received information about how to report critical incidents, as documented by the participant/authorized representative's signature on the State-approved form

Data Source (Select one):

Record reviews, on-site

If 'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample Confidence Interval = +,-5%
<input checked="" type="checkbox"/> Other Specify: PIHP	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Source (Select one):

Other

If 'Other' is selected, specify:

PIHP record review validation

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>

<input type="checkbox"/> Other Specify: <div></div>	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <div></div>
	<input type="checkbox"/> Continuously and Ongoing	<input checked="" type="checkbox"/> Other Specify: Random sample of at least 30 records based on NCQA medical record review auditing standards
	<input type="checkbox"/> Other Specify: <div></div>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input checked="" type="checkbox"/> Other Specify: PIHP	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <div></div>

- c. *Sub-assurance: The state policies and procedures for the use or prohibition of restrictive interventions (including restraints and seclusion) are followed.*

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:

HW4: Number and percent of critical incidents which did not involve the use of restraints or seclusion.

Data Source (Select one):

Critical events and incident reports

If 'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input checked="" type="checkbox"/> Other Specify: PIHP	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Source (Select one):

Other

If 'Other' is selected, specify:

PIHP record review validation

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample

		Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input checked="" type="checkbox"/> Other Specify: Random sample of at least 30 records based on NCQA medical record review auditing standards
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input checked="" type="checkbox"/> Other Specify: PIHP	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

- d. *Sub-assurance: The state establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the approved waiver.*

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:

HW5: Number and percent of participants who received coordination and support with accessing health care services identified in their plan of care

Data Source (Select one):

Record reviews, on-site

If 'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample Confidence Interval = +,-5%
<input checked="" type="checkbox"/> Other Specify: PIHP	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <div><div></div><div></div></div>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <div><div></div><div></div></div>
	<input type="checkbox"/> Other Specify: <div><div></div><div></div></div>	

Data Source (Select one):

Other

If 'Other' is selected, specify:

PIHP record review validation

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review

<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input checked="" type="checkbox"/> Other Specify: Random sample of at least 30 records based on NCQA medical record review auditing standards
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input checked="" type="checkbox"/> Other Specify: PIHP	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

- ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

b. Methods for Remediation/Fixing Individual Problems

- i. Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.

OBH will review and analyze individual-level performance data to ensure that each identified instance of non-compliance is addressed appropriately to ensure compliance with the sub-assurance. If compliance falls below 100% for performance measures HW1, HW2, and HW4, OBH will require the PIHP to complete a quality improvement plan to include a root cause analysis, proposed interventions and associated action steps to address the instance of non-compliance, and methods and associated timelines for evaluating the success of the plan. In addition, OBH will required the PIHP to complete a quality improvement plan inclusive of the same components outlined above if compliance falls below 86% for performance measures HW3 and HW5.

ii. Remediation Data Aggregation

Remediation-related Data Aggregation and Analysis (including trend identification)

Responsible Party(<i>check each that applies</i>):	Frequency of data aggregation and analysis(<i>check each that applies</i>):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input checked="" type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input checked="" type="checkbox"/> Other Specify: PIHP	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

c. Timelines

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Health and Welfare that are currently non-operational.

- ☒ No
☐ Yes

Please provide a detailed strategy for assuring Health and Welfare, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

Appendix H: Quality Improvement Strategy (1 of 2)

Under §1915(c) of the Social Security Act and 42 CFR §441.302, the approval of an HCBS waiver requires that CMS determine that the State has made satisfactory assurances concerning the protection of participant health and welfare, financial accountability and other elements of waiver operations. Renewal of an existing waiver is contingent upon review by CMS and a finding by CMS that the assurances have been met. By completing the HCBS waiver application, the State

specifies how it has designed the waiver's critical processes, structures and operational features in order to meet these assurances.

- Quality Improvement is a critical operational feature that an organization employs to continually determine whether it operates in accordance with the approved design of its program, meets statutory and regulatory assurances and requirements, achieves desired outcomes, and identifies opportunities for improvement.

CMS recognizes that a state's waiver Quality Improvement Strategy may vary depending on the nature of the waiver target population, the services offered, and the waiver's relationship to other public programs, and will extend beyond regulatory requirements. However, for the purpose of this application, the State is expected to have, at the minimum, systems in place to measure and improve its own performance in meeting six specific waiver assurances and requirements.

It may be more efficient and effective for a Quality Improvement Strategy to span multiple waivers and other long-term care services. CMS recognizes the value of this approach and will ask the state to identify other waiver programs and long-term care services that are addressed in the Quality Improvement Strategy.

Quality Improvement Strategy: Minimum Components

The Quality Improvement Strategy that will be in effect during the period of the approved waiver is described throughout the waiver in the appendices corresponding to the statutory assurances and sub-assurances. Other documents cited must be available to CMS upon request through the Medicaid agency or the operating agency (if appropriate).

In the QIS discovery and remediation sections throughout the application (located in Appendices A, B, C, D, G, and I) , a state spells out:

- The evidence based discovery activities that will be conducted for each of the six major waiver assurances;
- The *remediation* activities followed to correct individual problems identified in the implementation of each of the assurances;

In Appendix H of the application, a State describes (1) the *system improvement* activities followed in response to aggregated, analyzed discovery and remediation information collected on each of the assurances; (2) the correspondent *roles/responsibilities* of those conducting assessing and prioritizing improving system corrections and improvements; and (3) the processes the state will follow to continuously *assess the effectiveness of the OIS* and revise it as necessary and appropriate.

If the State's Quality Improvement Strategy is not fully developed at the time the waiver application is submitted, the state may provide a work plan to fully develop its Quality Improvement Strategy, including the specific tasks the State plans to undertake during the period the waiver is in effect, the major milestones associated with these tasks, and the entity (or entities) responsible for the completion of these tasks.

When the Quality Improvement Strategy spans more than one waiver and/or other types of long-term care services under the Medicaid State plan, specify the control numbers for the other waiver programs and/or identify the other long-term services that are addressed in the Quality Improvement Strategy. In instances when the QIS spans more than one waiver, the State must be able to stratify information that is related to each approved waiver program. Unless the State has requested and received approval from CMS for the consolidation of multiple waivers for the purpose of reporting, then the State must stratify information that is related to each approved waiver program, i.e., employ a representative sample for each waiver.

Appendix H: Quality Improvement Strategy (2 of 2)

H-1: Systems Improvement

a. System Improvements

- i. Describe the process(es) for trending, prioritizing, and implementing system improvements (i.e., design changes) prompted as a result of an analysis of discovery and remediation information.

OBH draws from multiple sources when determining the need for and methods to accomplish system design changes, including data gathered from participant satisfaction surveys, programmatic and administrative evaluations, and stakeholder input. OBH uses waiver-specific performance measures to monitor program performance and trends performance measure results in order to capture areas that require action or

attention. OBH relies on a variety of resources to prioritize changes, including information obtained from quality monitoring reviews, analysis of performance measure data, feedback from participants and stakeholders, and legislative and federal mandates.

ii. System Improvement Activities

Responsible Party(<i>check each that applies</i>):	Frequency of Monitoring and Analysis(<i>check each that applies</i>):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Quality Improvement Committee	<input type="checkbox"/> Annually
<input checked="" type="checkbox"/> Other Specify: PIHP	<input type="checkbox"/> Other Specify: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

b. System Design Changes

- i. Describe the process for monitoring and analyzing the effectiveness of system design changes. Include a description of the various roles and responsibilities involved in the processes for monitoring & assessing system design changes. If applicable, include the State's targeted standards for systems improvement.

Oversight of the concurrent waivers is performed by an Interdepartmental Monitoring Team (IMT), chaired by OBH staff, with representation from DHH Medicaid. The IMT committee holds the primary responsibility for monitoring and assessing the effectiveness of system design changes to determine if the desired effect has been achieved. This includes incorporation of feedback from participants, stakeholders, providers, and Wraparound Agencies. At quarterly IMT meetings, IMT members:

- Present and analyze data and information on all delineated performance measures to ensure compliance with state and federal regulations and to identify patterns, trends, and concerns/issues,
- Provide oversight and monitoring of corrective action plans, and
- Develop, oversee, and monitor quality assurance/quality improvement initiatives and activities.

The IMT meets with the PIHP to discuss any identified issues or concerns.

BHSF contracts with an EQRO, as required by federal managed care regulations, to evaluate the PIHP's compliance with the quality assurance standards outlined in the contract. Representatives of the IMT, in conjunction with the External Quality Review Organization (EQRO), also conduct an annual review of the PIHP's operations. A written report of findings is generated and a plan of correction for deficiencies is implemented if needed. Progress with the plan of correction is tracked by the IMT at least quarterly.

- ii. Describe the process to periodically evaluate, as appropriate, the Quality Improvement Strategy.

The IMT reviews the QIS and its deliverables on at least a semi-annual basis and will provide updates to CMS when appropriate. Evaluation of the QIS is the responsibility of the IMT and will take into account the following elements:

- Compliance with federal and state regulations and protocols
- Effectiveness of the strategy in improving care processes and outcomes
- Effectiveness of performance measures used for discovery
- Relevance of the strategy with current practices

Appendix I: Financial Accountability

I-1: Financial Integrity and Accountability

Financial Integrity. Describe the methods that are employed to ensure the integrity of payments that have been made for waiver services, including: (a) requirements concerning the independent audit of provider agencies; (b) the financial audit program that the state conducts to ensure the integrity of provider billings for Medicaid payment of waiver services, including the methods, scope and frequency of audits; and, (c) the agency (or agencies) responsible for conducting the financial audit program. State laws, regulations, and policies referenced in the description are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

The OBH contract monitor staff meet monthly with the PIHP's financial administrators to review financial reporting and budget items. The DHH also has a Division of Fiscal Management that routinely conducts audits of state held contracts. The director of this division is a child/youth of the IMT team meetings that reviews data and information relative to the concurrent (b)(c) waiver.

The Division of Fiscal Management, OBH Fiscal staff, and the contract monitor will each receive a copy of the annual audit. The Division of Fiscal Management will review the audit and if it identifies any material issues, it will notify the contract monitor who will ask the PIHP to provide additional information. When a CPA does an audit, one of the items they are required to do is determine if the entity is financially viable for the next fiscal year. If they determine that they are not financially viable, then they are required to issue a "going concern" opinion.

The PIHP by contract is required to have an accounting system with sufficient sophistication to maintain separate fund accountability and is required to have an independent audit of that system completed annually. This requirement is below.

Disclosure of Financial Records and Processes:

The PIHP shall establish and maintain an accounting system in accordance with generally accepted accounting principles (GAAP). The costs properly applicable to Title XIX State Plan services, distinct from Title XIX 1915(c) waiver services, distinct from Title XIX 1915(b)(3) waiver services, distinct from the Non-Medicaid mental health services in this Contract and provided elsewhere by the PIHP, shall be accounted for separately and readily ascertainable and auditable. The accounting system shall separately maintain records pertaining to the services and any other costs and expenditures made under this Contract separately for each funding stream.

The PIHP and any subcontractors shall make available to the State, its agents, and appropriate federal representatives, any financial records of the PIHP or subcontractors on a quarterly basis. Accounting procedures, policies and records shall be completely open to State and federal audit at any time during the Contract Period and for six years thereafter.

The Contract awarded by the State and all subcontractors shall include a provision that CMS, the HHS awarding agency, the US Comptroller General, HHS Inspector General, or any authorized federal representatives, shall have access to any books, documents, papers, and records of the PIHP or subcontractors which are directly pertinent to a specific program for the purpose of making audits, examinations, excerpts, and transcriptions. HHS awarding agencies, the HHS Inspector General, the US Comptroller General, or any of their duly authorized representatives has the right of timely and unrestricted access to any books, documents, papers, or other records of the PIHP or subcontractors that are pertinent to the awards, in order to make audits, examinations, excerpts, transcripts and copies of such documents. This right also includes timely and reasonable access to the subcontractors' personnel for the purpose of interview and discussion related to such documents. The rights of access in this paragraph are not limited to the required retention period, but shall last as long as records are retained.

Independent Audit:

The PIHP shall submit an annual independently audited financial report that specifies the PIHP's financial activities under the Contract within 6 months following the end of the fiscal year. The report should be sent to the DHH Division of Fiscal Management (DFM).

The report, prepared using GAAP or Statutory Accounting Principles as designated by the National Association of Insurance Commissioners (NAIC), must be prepared by an independent Certified Public Accountant selected from a list maintained by the Office of Legislative Auditor on a calendar year basis. The PIHP shall send one copy of the report to the OBH, DFM, and the Office of the Legislative Auditor. The PIHP is responsible for the cost of the audit.

The format and contents of the audit shall be negotiated by the OBH and the PIHP, but shall include at a minimum:

- i. Balance Sheet,
- ii. Income Statement,
- iii. Statement of Cash Flows,
- iv. Statement of Retained Earnings,
- v. Notes and/or Footnotes to the Financial Statement

In addition to the audited financial statement requirements, OBH will prior approve a format for additional reporting requirements that will provide information regarding the following information that will be submitted no less than annually but may include quarterly and/or monthly reporting requirements.

- 1. A separate accounting for all revenues received from each of the reimbursement sources in the Contract (Title XIX, SED waiver, 1915(b)(3), administration, etc.);
- 2. Title XIX payments and non-risk Medicaid mental health payments;
- 3. Third party liability payment made by other third-party payers;
- 4. Receipts received from other insurers;
- 5. A breakdown of the costs of service provision, administrative support functions, plan management including documentation of the PIHP's compliance; and
- 6. Assessment of the PIHP's compliance with financial requirements or the Contract including compliance with requirements for insolvency protection surplus funds, working capital, and any additional requirements; and a separate letter from the independent Certified Public Accountant addressing non-material findings, if any.

The PIHP will be required to comply with other prescribed compliance and review procedures. In addition to the annual audit, the PIHP shall be required to submit to the OBH copies of the quarterly NAIC financial reports. A final reconciliation shall be completed by the independent auditing firm that conducted the annual audit. The final reconciliation shall make any required adjustments to estimates included in the audit completed within six months of the end of the Contract year. The final reconciliation shall be completed no later than twelve months following the end of the Contract year.

Appendix I: Financial Accountability

Quality Improvement: Financial Accountability

As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.

a. Methods for Discovery: Financial Accountability

State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver. (For waiver actions submitted before June 1, 2014, this assurance read "State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.")

i. Sub-Assurances:

- a. *Sub-assurance: The State provides evidence that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver and only for services rendered. (Performance measures in this sub-assurance include all Appendix I performance measures for waiver actions submitted before June 1, 2014.)*

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:

FA1: Number and percent of paid claims that are coded according to the services rendered.

Data Source (Select one):

Record reviews, on-site

If 'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample Confidence Interval = +,-5%
<input checked="" type="checkbox"/> Other Specify: PIHP	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <div><div></div><div></div></div>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <div><div></div><div></div></div>
	<input type="checkbox"/> Other Specify: <div><div></div><div></div></div>	

Data Source (Select one):

Other

If 'Other' is selected, specify:

PIHP record review validation

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval =

<input type="checkbox"/> Other Specify: 	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group:
	<input type="checkbox"/> Continuously and Ongoing	<input checked="" type="checkbox"/> Other Specify: Random sample of at least 30 records based on NCQA medical record review auditing standards
	<input type="checkbox"/> Other Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input checked="" type="checkbox"/> Other Specify: PIHP	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

- b. *Sub-assurance: The state provides evidence that rates remain consistent with the approved rate methodology throughout the five year waiver cycle.*

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information